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transmitted to the USPTO, on the date indicated below. MEDTRONIC, INC. 710 MEDTRONIC PARKWAY NE MS-LC340 MINNEAPOLIS, MN 55432-5604 (Depositor's name Molly CHlebeck CKI 1. (Signature APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/053.035 10/19/2001 Michael R. Uihelyi P-10158 TITLE OF INVENTION: ARRANGEMENT AND SYSTEM FOR ENABLING PATIENT CONTROL OF ELECTRICAL THERAPIES APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional \$1330 \$300 \$1630 10/01/2004 EXAMINER ART UNIT CLASS-SUBCLASS BOCKELMAN, MARK 3762 607-006000 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or l Girma Wolde-Michael agents OR, alternatively, (2) the name of a single Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. firm (having as a member a registered attorney or Paul H. McDowall The "Fee Address" indication (or "Fee Address" Indication form "FTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. Inclusion of assignce data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Medtronic, . Inc. Minneapolis, MN Please check the appropriate assignee category or categories (will not be printed on the patent); O individual Corporation or other private group entity O government 4a. The following fcc(s) are enclosed: 4b. Payment of Fee(s): Lissue Fee A check in the amount of the fee(s) is enclosed. Publication Fee ☐ Payment by credit card. Form PTO-2038 is attached. ☐ Advance Order - # of Copies The Director is hereby authorized by charge the required fcc(s), or credit any overpayment, to Deposit Account Number 13-2546 (enclose an extra copy of this form). Director for Patents, is Jequested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. (Authorized Sign <u>Pau1</u> McDowall NOTE, The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent; or the assignee of other party in other than the applicant; a registered attorney or agent; or the assignee of oil interest as shown by the records of the United States Patent and Trademark Office. 09/10/2004 HALI22 00000052 132546 10053035 This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submiting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FRES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450. 01 FC:1501 1330.00 DA 02 FC:1504 300.00 DA

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- Issue Fee Transmittal X
- X **PTOL FORM 85B**
- Fee Addressee for Receipt of PTO Notices Relating to Maintenance Fees X

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

FEE TRANSMITTAL

In re Application of:

Michael R. Ujheiyi et al.

For:

ARRANGEMENT AND SYSTEM FOR ENABLING PATIENT CONTROL OF

ELECTRICAL THERAPIES

Serial No.:

10/053,335

Filed:

October 19, 2001

CERTIFICATE OF MAILING UNDER 37 CFR 1.8: I hereby certify that this FEE TRANSMITTAL and the paper(s), as described herein, are being sent via facsimile No. (703) 746-4000 to the Mall Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 944

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- Please charge Deposit Account 13-2546 \$1,330.00 Issue Fee and \$300.00 publication fee for a X Total of \$1,630.00.
- Applicant believes that no extension of time is required. However, if an extension of time is X required, please consider this a petition therefore to provide for the possibility that applicant has inadvertently overlooked the need for an extension of time and charge same to Deposit Account 13-2546.

Date

Paul H McDowall Reg. No. 34,873

Telephone: (763) 514-3351

No. 27581